MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11459

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee — RURAL: X — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee — X
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Annie (Last) Adams

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan 8, 1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Bean

14. MOTHER'S MAIDEN NAME: Ann Elizabeth Fenhagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): --

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Mrs. Lillian A. Herrmann - Valley Lee, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170.4

Immediate cause — (a) Carcinoma of breast with — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) metastatic areas in chest and ribs — 8 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at 11:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): P J Bean MD — ADDRESS: Great Mills, Md. — DATE SIGNED: 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/18/53 — NAME OF CEMETERY OR CREMATORY: St. Georges Cemetery — LOCATION (City, town, or county) (State): Valley Lee, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-17-53 — REGISTRAR'S SIGNATURE: P J Bean, M.D.

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

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NOV 18 1953
BUREAU V. S.

11460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY St. Mary's County, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Street X	STREET ADDRESS (If rural give location) Washington Street

3. NAME OF DECEASED (Type or Print)	(First) Franklin	(Middle) A.	(Last) Camalier	4. DATE OF DEATH	(Month) November (Day) 8th, (Year) 1953
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 15 Aug., 1882	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician (M.D.)	10b. KIND OF BUSINESS OR INDUSTRY Medicine	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME B. Harris Camalier	14. MOTHER'S MAIDEN NAME Mollie Abell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) - -	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ellen Ford Camalier			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153+ Immediate cause (a) Cachexia — 6 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma hepatic flexure — 10 mos

(c) with metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 53	19b. MAJOR FINDINGS OF OPERATION Carcinomas, colon	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Roy Guyther, MD — ADDRESS Mechanicsville, Md — DATE SIGNED 11/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 11 Nov. 1953	NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery	LOCATION (City, town, or county) (State) Leonardtown, Maryland
DATE REC'D BY LOCAL REG. 11-9-53	REGISTRAR'S SIGNATURE Alan D. Houser MD	24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11461

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron X | LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dameron X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) S. (Last) Cullison

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 18-1894 | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR: Months 4 Days 24 | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Blacksmith | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Cullison | 14. MOTHER'S MAIDEN NAME: Ida E. Ridgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Henery F. Cullison Dameron Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Interval Between Onset And Death

292.4 Immediate cause (a) Cerebral Ischemia

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) Severe Anemia

DUE TO

(c) Aplastic Anemia. | 2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1953, to Nov 11, 1953, that I last saw the deceased alive on Nov 11, 1953 and that death occurred at 11 00 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Robert J. Thibadeau M.D. Lexington Park, Md Nov. 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov-14-1953 | NAME OF CEMETERY OR CREMATORY St James | LOCATION (City, town, or county) (State) St James St Marys Md

DATE REC'D BY LOCAL REGISTRAR 11-12-53 | REGISTRAR'S SIGNATURE Glenn D. Hance | 24. FUNERAL DIRECTOR | ADDRESS

Jos C. Mattingly Leonardtown Md

ED

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NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11462

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Piney Point
LENGTH OF STAY (in this place) X Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Piney Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Mandy (Last) Gross

4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: December 22, 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Piney Point, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gross

14. MOTHER'S MAIDEN NAME: Maggie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Maggie Gross.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3533

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy — 50 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Nov 12, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE O'Brien MD (Degree or title) ADDRESS Grant Mills, Md DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 14/53

NAME OF CEMETERY OR CREMATORY St Marks Cemetery

LOCATION (City, town, or county) St Marys County (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 12/53

REGISTRAR'S SIGNATURE O'Brien MD

24. FUNERAL DIRECTOR Joseph C Mattingley, ADDRESS Leonardtown, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11463

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none (Drumcliff Road) X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
STREET ADDRESS (If rural give location) none (Drumcliff Road)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Eagles (Last) Knowlton

4. DATE OF DEATH: (Month) November (Day) 8th, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 24 Jan. 1908

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Eagles

14. MOTHER'S MAIDEN NAME: Margaretta Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James E. Knowlton, husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1704

Immediate cause (a) Carcinoma breast with — Interval between onset and death: 1½ yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) metastases to liver and — 3 mos

(c) brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION: Carcinoma breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1953, to Nov 9, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 9 a.m. m., from the causes and on the date stated above.

SIGNATURE Roy Leuther, M.D. (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED 11/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE 10 Nov. 1953 — NAME OF CEMETERY OR CREMATORY J.Wm.Lee Crematory — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 11-9-53 — REGISTRAR'S SIGNATURE Alan W. Hauser M.D.

24. FUNERAL DIRECTOR — ADDRESS P. B. Robinson, Leonardtown, Maryland

VS-15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11464

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compton X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Parran (Last) Lippett

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 7, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months — Days 9 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman oyster & crab
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor Lippett
14. MOTHER'S MAIDEN NAME: Mary Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

307X

Immediate cause (a) Heart Failure

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Delirium tremens

DUE TO

(c)

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ,1952 to Nov , 1953 that I last saw the deceased alive on Nov 14 , 1953, and that death occurred at ~~4:00 a.m.~~ 5.06 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [signature]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 17 53
NAME OF CEMETERY OR CREMATORY St Francis Xavier
LOCATION (City, town, or county) Compton (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/17/53
REGISTRAR'S SIGNATURE Alan L. Hauser
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. INIGOES
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) ABRAHAM (Middle) PROPHET (Last) MEDLEY
4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 4-1-84
9. AGE last birthday 69 yrs. If under 1 year Months 7 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME RICHARD T. MEDLEY
14. MOTHER'S MAIDEN NAME ROSIE BARNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS WIFE - FLORA MEDLEY - ST. INIGOES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 153+ Chronic Debilitation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

(c) Carcinoma Colon 1946-1947

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Nov 11, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 12 05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert T. Thibadeau, M.D. 407 - Essex Lex. Park Md 11-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 5 1953
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) (State) St Inigoes Md

DATE REC'D BY LOCAL REG. 11-4-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Leonardtown Md

VS. 115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

1166

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Hollywood MD. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dufferwy, NAS, Pax Riv, MD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Minnesota — COUNTY: ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luverne, Minnesota
STREET ADDRESS (If rural give location): 809 N. Freeman St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ~~Pierson~~ Loren Harris Pierson
4. DATE OF DEATH (Month) (Day) (Year): 11 7 1953
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-25-33
9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ✓
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: August Herman Pierson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 6-15-51
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8 5.4

Immediate cause (a) Multiple extreme injuries — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway 235 — (CITY OR TOWN) (COUNTY) (STATE): Hollywood, St. Mary's, Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 7 53 p 4:15 m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? into accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: [signature] Lewis W. Leighton Pol. Md. 11/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Transportation — DATE THEREOF: 11-9-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Luverne, Minnesota
DATE REC'D BY LOCAL REG.: 11-9-53 — REGISTRAR'S SIGNATURE: Alan Houser M.D. — 24. FUNERAL DIRECTOR: P. B. Robinson — ADDRESS: Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills X
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Sickle
4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 24-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 3 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Owens
14. MOTHER'S MAIDEN NAME: Sarah F. Burroughs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: Parran Sickle Great Mills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteriosclerosis — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1942, to Nov 19, 1953, that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 6.00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beary MD. ADDRESS Great Mills Md DATE SIGNED 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 21-53
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 19/53
REGISTRAR'S SIGNATURE H Bean MD Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys River X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Milton (Last) Smith

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 53

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 7/25/1905

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman

10b. KIND OF BUSINESS OR INDUSTRY seafood

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allie Smith

14. MOTHER'S MAIDEN NAME Annie Dailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS Rosie A. Smith - Drayden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850x Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: medive

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St. Mary's River (CITY OR TOWN) Drayden (COUNTY) St. Mary's (STATE) Md

TIME OF INJURY (Month) 11 (Day) 16 (Year) 53 (Hour) p.1 m.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Fell from fishing boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Dave M.D. ADDRESS Leigh Park. Md DATE SIGNED 11/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/1/53

NAME OF CEMETERY OR CREMATORY Saint Marks

LOCATION (City, town, or county) Valley Lee, Md. (State)

DATE REC'D BY LOCAL REG. 12-1-53

REGISTRAR'S SIGNATURE Alan D. Houser, M.D.

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

RECEIVED
DEC 4 1953
BUREAU V. S.

12/2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11469

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park X
STREET ADDRESS (If rural give location) 407 Midway Drive, Patuxent Park

3. NAME OF DECEASED: (Type or Print) (First) (Infant) (Middle) (Girl) (Last) Sterling

4. DATE OF DEATH: (Month) November (Day) 23, (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 22nd November '53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 13 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Sterling

14. MOTHER'S MAIDEN NAME: Doris V. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: James H. Sterling, father, 407 Midway Drive, Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity DUE TO — Interval Between Onset And Death: 13 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1953, to Nov. 23 1953 that I last saw the deceased alive on Nov. 23, 1953, and that death occurred at 7 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Patrick M.D. ADDRESS 323 Midway Drive, Lexington Park. DATE SIGNED 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 24 Nov. 1953 | NAME OF CEMETERY OR CREMATORY Holy Face Cemetery | LOCATION (City, town, or county) (State) Great Mills, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/24/53 | REGISTRAR'S SIGNATURE Adam D. Hauser M.D.

24. FUNERAL DIRECTOR ADDRESS P. B. Robinson, Leonardtown, Maryland.

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